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Rev 9/04

2004 D-40EZ SUB

Income Tax Return for Single and Joint Filers with No Dependents

040400510000

OFFICIAL USE ONLY

	onal information Mark if: X		Filing Statu	JS, mark if:	: Single :	X	Mai	rried	filing	joint	ly
	st name	M.I. Las					-				+
	AAAAAAAAAA			AAAAAAAA	4		+++				+
	e's first name		st name	AAAAAAAA			+++				+
							+				+
	ocial security number 999999	Spouse's social se		999999	me phone number						
	33333	99999999			99999						Ť
Home a	address (number and street) Mark if	X this is your first retu	ırn or if your addre	ss is different than you	ur last return.		Apa	artmen	t numb	er	
99999AAAAAAAAAAAAAAAA						9 9 A A A					
AAZ	AAAAAAAAAAAA	AAAA									4
											+
City	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA					+	-				+
AAA	AAAAAAAAAAAAAA			AA 99	,9999999	,					+
DC In	ncome tax Do not enter cents. Rour	nd cents to the nearest dollar	If amount is zero	make no entry		П	FN	TFR [OLLAF	RS O	NI,
	Total wages, salaries, tips, unemp					1			999		
	Taxable interest and ordinary divid			m D-40.)		2			999		
							<u> </u>				
	DC adjusted gross income Add I					3			999		
	Standard deduction plus exempt				\$4,740.	4	\$	99	999) () (
	If you can be claimed as a dependent of	on another's tax return, mark	here X and	enter \$2,000.			++				+
-	DC tayable income. Cubtract line 4	from 2 If line 4 is equal to	ur mara than lina '	2 maka na antru		5	۲۰	a a	999	, (۱ (
	DC taxable income Subtract line 4 Tax Use tax tables to find the tax		r more than line 3	s, make no entry.		6	Ġ	99	999	, () (
	DC Low Income Credit If you qua		d an Farned Incor	ne Credit on your fec	deral return.				999		
		mplete Calculation A to see i					Ĩ				
		im both DC credits. Attach a			1						
88	Net tax Subtract line 7 from line 6. If	line 7 is equal to or more tha	n line 6, make nc	entry.		8	\$	99	999	. 0	0
							+.				
9	Voluntary contribution to the Publi	c Trust for Drug Preventio	n and Children	at Risk		9	\$	99	999) . C) C
10	Tay and /ar valuntary contribution	A - -				1.0	٠ ٢٠	0 0	999) (٦ (
	Tax and/or voluntary contribution Total DC income tax withheld Fra		tach those forms						999		
	Payments made with an extension			if this is an amen	ded return				999		
	DC Earned Income Tax Credit								999		
	See Calculation A. Attach a copy of you										
							$\perp \! \! \perp$				4
14	Total payments and credits Add	lines 11 - 13.				14	\$	99	999) () (
15	Your refund	15 \$ 99999. 0	0 16	Amount you ov	we	16	\$	99	999	. () (
	If Line 14 is larger subtract Line 10 from			If Line 10 is larger :			1.1				
	Attach a check or money order payable	e to DC Treasurer.				4	4				
	To pay by credit card, call !-800-272-9	9829 or visit www.official pay	ments.com and	enter DC jurisduction	code 6000.	_	4				-
Sland		eclare that, to the best of my knowle				+	+	+		+	
Jigila		rer is based on all the information ava					++				\dagger
	Your signature	Date		Paid preparer's sig	nature				Da	te	
							\prod				1
	Spouse's signature if filing jointly						d pre	eparer'	s phon	e hur	nbe
		9999999999999999999999999999999999999					9999999999				

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